**FILE NOW: FILING FEE AFTER MAY 1 IS $155.00**

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 3:20

DOCUMENT # N10568 (6)

1. Corporation Name

MILLPOND ESTATES SECTION TWO HOMEOWNERS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4204 REVERE CIRCLE<br>NEW PORT RICHEY FL 34653<br>US | P. O. BOX 1539<br>ELFERS FL 34680<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/06/1985
3a. Date of Last Report: 02/23/1994
4. FEI Number: 59-2578005 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| GARCIA, CESAR<br>4204 REVERE CIRCLE<br>NEW PORT RICHEY FL 34653 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City **FL** 85 Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Cesar Garcia President — 3/3/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: New Florida Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | P/D | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | GARCIA, CESAR | 1.2 NAME | |
| STREET ADDRESS | 4204 REVERE CIRCLE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW PORT RICHEY FL | 1.4 CITY-ST-ZIP | |
| TITLE | VD | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | WALKDEN, ANITA | 2.2 NAME | |
| STREET ADDRESS | 4214 BOSTON CIRCLE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW PORT RICHEY FL | 2.4 CITY-ST-ZIP | |
| TITLE | SD | 3.1 TITLE | SD ☒ Change ☐ Addition |
| NAME | GUILIANI, MARY | 3.2 NAME | Gertrude Walker |
| STREET ADDRESS | 4254 REVERE CIRCLE | 3.3 STREET ADDRESS | 4260 Boston Circle |
| CITY-ST-ZIP | NEW PORT RICHEY FL | 3.4 CITY-ST-ZIP | New Port Richey, FL. 34653 |
| TITLE | T/D | 4.1 TITLE | TD ☒ Change ☐ Addition |
| NAME | ZEMEL, SELMA | 4.2 NAME | Theresa Zsetenyi |
| STREET ADDRESS | 4200 BOSTON CIRCLE | 4.3 STREET ADDRESS | 4228 Revere Circle |
| CITY-ST-ZIP | NEW PORT RICHEY FL 34653 | 4.4 CITY-ST-ZIP | New Port Richey, FL. 34653 |
| TITLE | D | 5.1 TITLE | D ☒ Change ☐ Addition |
| NAME | ELLIOTT, ERNEST | 5.2 NAME | Joseph Sineno |
| STREET ADDRESS | 4249 BOSTON CIRCLE | 5.3 STREET ADDRESS | 7714 Balharbour Drive |
| CITY-ST-ZIP | NEW PORT RICHEY FL | 5.4 CITY-ST-ZIP | New Port Richey, FL. 34653 |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Cesar Garcia — 3/3/95 — 813-376-4375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0088080